ECS Ai		
Types	-organ specific -generalized (SLE)	
Epedim	-females	
Damage by	-Ig only (hyperstimulate receptors, or block them)	
	-cell mediated immunity CMI (immune cells attacking tissues)	
Note	-not every patient with Ai means he's suffering some disease	
	(could be diseases-free)	
Examples	Adrenal	
	-addison's disease (chronic, lessens steroids production)	
	Gonads (rare)	
	-oophoritis (ovaries infl)	
	-orchitis (testis infl)	
	PG	
	-lymphocytic hypophysitis (lessens PG hormones production)	

Hashimoto		
Aka	Chronic lymphotic thyroiditis	
Epedim	-very, very common	
Gene	-risk: HLA- <u>DR4</u>	
	-protective: HLA- <u>DR13</u>	
Damage by	-Ig damaging peroxidase & TG	
	-T-helper cells attack thyroid cells	
Pathogenesis	-delayed type hypersensitivity causing lymphocytic follicles	
	(follicles filled with lymphocytes, plasma cells & macrophages)	
Symptoms	-hypotsm	
	-goiter	
Graves		
Aka	Long-acting thyroid stimulating Ig	
gene	-risk: HLA- <u>DR3</u>	
	-protective: HLA- <u>DR7</u>	
Pathogenesis	Ig mimicking TSH	
	(no negative FB, cuz PG will stop releasing TSH due to the inc in	
	thyroids, but Ig will still bind to thyroid gland and command more	
	release of thyroids)	
Symptoms	Hypertsm	

Insulin-dependent DM		
Aka	<u>Insulitis</u> or <u>type 1 diabetes</u>	
Note	-panc related	
	-panc beta cells produce insulin which lowers blood glucose	
	-Insulin-dependent DM patiens are at risk of other Ai diseases	
Pathogenesis	-delayed type hypersensitivity causing T-cells to tag panc	
	beta-cells for macrophages to destroy them	
	-we think cox & echo viruses somehow trigger this, by mildly	
	damaging beta-cells and T-cells will cont.	
	-or beta-cells might exert HCL Ag which will trigger T-cells to	
	attack them	
Addison's		
Gene	-Risk: HLA-DR3/4	
	-adrenal targeted Ag: 21-hydroxylase (makes <u>cortisol</u> &	
	<u>aldosterone</u> )	
Damage by	-Ig (could be primary or secondary to T-cell damage	
	-T-cell tagging adrenal gland	
	-other cortex damagers: inf, hemorrhage, tumors, anticoag. drugs	
Pathogenesis	Ig destructing adrenal steroid producing cells	
Symptoms	-weakness -weight loss -poor appetite -shock	
	-skin pigmentation -hypotension	